

Comings. (B. N.)

THE CLAIMS OF INEBRIATES TO PUBLIC SYMPATHY.

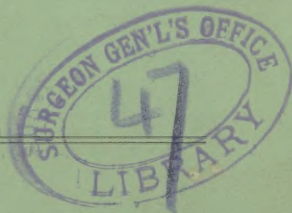
A REPORT

MADE TO THE

CONNECTICUT STATE MEDICAL SOCIETY,

By B. N. COMINGS, M.D.

MAY 28, 1873.





REPORT OF COMMITTEE ON INEBRIATE ASYLUMS.

BY B. N. COMINGS, M.D., OF NEW BRITAIN.

Statistics.—There is at present no organized system for collecting statistics in this State by which we could learn the exact number of inebriates in the commonwealth. Careful statistics have been gathered in a few communities, from which we may safely make an approximate estimate that there are not less than twenty thousand inebriates in the State, and probably twice this number of moderate drinkers. In one of the cities, with only twelve thousand inhabitants, a careful estimate gives four hundred and ninety-seven drunkards, eight hundred and twenty-four occasional drunkards, two thousand four hundred and eighty-nine habitual drinkers, of whom three hundred and thirty are females. Of all the men over twenty-one years of age who have died for the last five years, fifteen out of every forty-one, or more than one-third, were intemperate. Taking the facts, so far as known, as a basis of estimate, not less than one-fourth of all the men over twenty-one years of age, who die in Connecticut, are intemperate.

Increase of Intemperance.—It is an alarming fact that intemperance is rapidly on the increase in the commonwealth. The percentage of increase, as indicated by the increase of crime, and the increase of the number of places where intoxicating liquors are sold, and as indicated by statistics, where they have been carefully collected, is more than ten per cent. annually, thus doubling the gross percentage every ten years. Thirty years ago, of five hundred operatives in the factories of one of our villages, there were only twenty who used intoxicants; now, by actual estimate, there are one hundred in the same number of operatives; but the increase for the last ten years is estimated to be greater than for the twenty previous years. In several of our

cities there has been a very large increase in the number of places where intoxicants are sold, averaging, at the present time, one for every one hundred inhabitants, including men, women, and children.

Temperance Discussion.—For the last half century the subject of intemperance has occupied a large share of public attention, and been a fruitful theme of discussion in the pulpit, on the platform, and in the various publications of the day. Much of this discussion has been a random and a superficial consideration of the follies and absurdities of intemperance as a vice, without any calm philosophical inquiry into the physiological and scientific principles which are involved in this the greatest humanitarian problem of the age. The proper limits of a reasonably lengthy report will not permit us to discuss all the points involved in such a problem; we shall therefore only ask your attention to a brief consideration of the claims of inebriates to the sympathy and aid of the public, and the means by which their condition may be improved.

Until quite recently intemperance has been regarded by the medical profession and the public mind generally as a pernicious habit or a vice which its victims may abandon at will. The inebriate has been the constant and fruitful subject of ridicule and satire, and of denunciation and legal prosecution. He has been a target for public declaimers and a victim for the petty courts. The rum-seller has turned him out of doors when his presence has been likely to keep away better customers, and the moderate drinker has treated him with scorn and contempt because he suggested too emphatically a condition to which his own habits were tending. He is, therefore, socially without friends and legally an outcast and a criminal, not welcome in the social circle, in the church, or in good society. The time has now come when it is the imperative duty of the medical profession, as the students of the infirmities of the race, to investigate his case and extend, if possible, a helping hand.

Intemperance a Disease.—Dr. Willard Parker, of New York, stated in the meeting of the American Association for the Cure of Inebriates: "I feel that inebriety is as much a disease as scarlatina or small-pox." Other prominent medical men in this country and in Europe have been equally emphatic in this opinion, and it is becoming a settled theory of the profession. A distinguished divine has recently said that he felt "that the doctors made a mistake in teaching that drunkenness was a disease." He regarded it as a sin, and would have it severely punished. Among theolo-

gians there is a very general disposition to coincide with the reverend D.D. But how a series of acts which destroy a man's moral sense, weakens his power of volition, disorganizes nearly every vital organ in the body, and fixes permanent changes in the brain, the controlling organ of all, can be a sin and nothing more, we cannot comprehend. Two very lengthy articles have recently appeared in a Boston journal in which the writer attacks with great vehemence the theory that drunkenness is a disease. His argument is based on the assumption that the man acts freely in becoming a drunkard, and has the power of choice or will, and therefore cannot be diseased, and he apparently assumes that the medical theory denies that drunkenness is a vice, both of which are absurd. A man who has a morbid appetite from disease does not necessarily lose the power of volition thereby. His will-power may be weakened, but it is not likely to be destroyed. A disposition to palliate the crimes of such men as Foster has probably intensified the opposition to the theory that drunkenness is a disease. But this, it must be remembered, was the plea of the lawyers and friends, and not of the medical profession. The true physiological view is entirely misapprehended from a superficial idea of it. Continued use of alcoholic stimulants induces a disease, known as alcoholism, inebriety or dypsomania. The moral quality of any act of drunkenness is not necessarily changed by the fact of disease, but the degree of the guilt may be estimated by the extent of the disease. To the physiologists alcoholism is not a vice, it is a consequence of a series of vicious acts, it is the organic penalty for drunkenness, and because the criminal is suffering the penalty of a violated law, he is not thereby excusable in continuing the same violation while he still retains some of the qualities of a free moral agent, and so much of this will-power as he may have lost was by his own free-will act. Let it be distinctly understood that neither the inebriate nor his friends have either a moral or legal right to demand that he shall be exempt from those penalties which the common sentiments of mankind have affixed to the commission of high crimes. The theory that alcoholism is a disease demands that the inebriate shall be taken care of and reformed when practicable, and when not practicable put where society can be protected from his brutality. The highest good of society as well as the best good of the individual demand that the fallen shall be lifted up and reformed, and the Christianity we profess confirms this demand. We have alluded to this matter because

it has been made an issue in theory by such high authority we can not consistently ignore it, and because it practically involves the great question, whether the inebriate shall be treated only as a criminal and an outlaw, and severely punished with fines and imprisonment, or whether he shall, under favorable circumstances, be treated as a victim of disease. It is the most important problem we are likely to be called upon to solve. A proper solution of it involves the highest good of a very large percentage of our fellow men. If alcoholism is an idea of the imagination, a mere fancy and not a disease, and the inebriate not a victim of disease, then he is not our patient—then the case belongs to the moralist and the legal authorities, who, it must be confessed, have not hitherto been very successful in his reformation and cure. We believe the medical profession will very generally adhere to the opinion that inebriety is a disease, and that the victim of it should be treated with kindness and sympathy, with a view to his reformation and cure, unless he has become so brutalized that reformatory means promise no hope in his case.

It is a current statement among temperance men, including those who do not believe that intemperance is a disease, that at least one hundred thousand persons die annually of intemperance in this country, and we have no reason to doubt the correctness of their estimate. What is the real cause of the death of this large army of persons? Medical men will not easily comprehend how so many persons can die of vice without disease. Our understanding of the matter is, that those persons die of disease induced (by the vice of intemperance) in some one or more of the vital organs. We know of no other way of accounting for this great mortality, except on the theory of disease. Men who are guilty of a vice may, and often do, reform, and become permanently good men; and unless actual disease has been produced by a life of vice they are rid of the vice. The temptation soon ceases to trouble them.

But this is not true of alcoholism. Repentance and reform do not cure this malady. A man who has once been an inebriate is always liable to certain phenomena which are characteristic of this disease and no other. A person may have practised total abstinence for years, and yet, if he chances to become debilitated and be in a low nervous state, he is liable to exhibit the characteristic symptoms of *delirium tremens*, showing that the organic conditions for this terrible disease, though they may have been latent for years, were not extinct. The patient was free from

the vice, but not from the disease. The dyspsonianic is never cured, to such an extent that his old mania is not liable to be aroused by the taste of an alcoholic stimulant. There are persons of this class who can never safely touch their lips to the wine cup at the communion, or use alcohol medicinally. Some years ago, the writer prescribed for a patient, of whose habits he was ignorant, two ounces of whiskey with quinine, to be taken in four doses, and on the following day was surprised to find the patient in a state of beastly intoxication. He had been an abstainer for two years. The first dose so excited him that he compelled his wife to send to the drug store for whiskey.

The autopsy of inebriates in a large percentage of cases reveals serious organic changes in the brain: such as excess of fluids in the ventricles; enlargement of the blood vessels; hardening in some cases, and softening in others. The most important organic change is in the molecular structure, which can be shown only by the microscope, if at all. If no organic change whatever were revealed in the brain, this fact would not necessarily prove that the brain was not diseased. In that most obscure and treacherous of brain diseases, cerebro-spinal menengitis, post-mortem examinations have sometimes failed to reveal any organic lesion, when the symptoms had been well marked in the patient; in other cases perhaps no more distinctly marked, the lesions have been abundant and well defined. The brain is so nicely organized, that the most experienced sometimes fail in revealing its pathological changes. There are many cases of insanity in which no pathologist is able to demonstrate organic disease of the brain, when there had been disease sufficient to cause death. Some forms of dyspepsia prove fatal without showing adequate pathological cause. The facts now before us seem very clearly to indicate that inebriety is both a vice and a disease. The one a cause, and the other an effect. In its combined character, it is more appalling in its consequences, and more difficult to manage satisfactorily, than any other that has ever afflicted the race. It is to be devoutly hoped that a better understanding of its true nature and a more thorough and general education of the people may yet stay the ravages of this giant evil. If there is any one argument which would seem to be more potent than any other in persuading men to abandon the use of intoxicants, it is the physiological view that the habitual use of intoxicants stealthily but surely induces disease of the

brain, the most important organ of the body—a disease which must from its very nature be as lasting as life; and besides ruining the moral and physical being, transmits the worst possible heritage to his posterity. It seems to us that if men will not listen to this argument, no other can reach them; nothing but special divine influence. It is one of the appalling facts of this disease, that as it progresses the moral sense and the ability to appreciate moral considerations are more and more obliterated till the individual is more brute than man.

Development of Alcoholic Disease.—Like most agencies which induce constitutional changes in the human system, alcohol does not suddenly produce disease. It does not come over its victims like an intermittent fever or an eruptive disease, heralded by severe rigor or a paroxysm of fever. Its invasion is like that of tubercular disease, which often commences with slight deterioration of health, so slight as to escape observation. Then the little tubercular virus of the future disease is deposited here and there. This enlarges, more is formed, and by and by the diseased action is so fully established that it does not require an expert to detect it. A single act of inebriety does not constitute disease, though it may be one of a series which lead to it. Total abstinence or the ability to practice it at will without inconvenience is practically the only reliable evidence of the non-existence of the disease in question, in a person who has indulged in alcoholic stimulants to any considerable extent. The abstinence must not be intermittent, but must extend to a longer period than usual. Intermittent abstinence is characteristic of dipsomania, one of the worse forms of alcoholism. A desire for stimulants more urgent and imperative than the normal appetite for the ordinary elements of nutrition, must be regarded as evidence of disease more or less grave, according to the urgency of the desire; and whenever it is an inconvenience or a self-denial even to abstain from the use of an alcoholic stimulant either habitual or occasional, it is time to be admonished of danger.

There are various phases of disease induced by intemperance; of these we can only notice the more prominent. Drunkenness and inebriety only characterize certain stages of indulgence. Dypsomania is applied chiefly to intermittent drinkers. Alcoholism is a general term representing any abnormal condition induced by the use of alcohol in any of its forms. Dypsomania signifies a mania or insanity for drink, and like any other mania sets at

defiance reason, conscience, social obligations, public opinion, and in fact, any of the ordinary restraints of men. The disease of alcoholism in its various manifestations, is much more common and general than medical men even have been aware of. It has long been a mystery, an unsolved problem, why so many men fall into intemperate habits when the consequences are so terrible, and when there are so many considerations to deter them from it. Men of culture, men of good sense in other matters, men of brilliant prospects for life, men in exalted positions of honor and trust, men and women too from every rank and station of life, throng this broad road to ruin, not as isolated individuals, not by tens and scores, but by thousands and hundreds of thousands, making in all a very large percentage of the American people. Should we attempt a full report of this phase of the subject, the disease has become so general and so appalling in its consequences, we fear we should be regarded as too extravagant and visionary to be entitled to confidence. We will, however, suggest to any who may wish to know the facts, to take a single ward in the poorer portion of any of our cities, and carefully examine the physical condition of men and women over twenty-one years of age.

Causes of Disease.—The predisposing causes which lead to intemperance in different individuals are very numerous. We can only ask your attention to those most important and most common in their operation.

Love of Excitement.—A love of excitement as an element of character is universal in the race, and does not exist in any other animal to any considerable extent. It is one of the leading qualities which mark and distinguish man from the lower order of animals. We can hardly conceive to what a condition man would be reduced if his love of excitement was blotted out. Alcoholic beverages meet in an artificial way, to a certain extent, this principle in man. But we are not to infer that the love of alcohol is an instinct of man, as a recent medical writer has assumed, for all human beings do not possess a propensity for the use of alcoholic stimulants prior to experience and independent of instruction. Except when the love of intoxicants is hereditary, the child universally rejects them, unless they are disguised by something he instinctively loves. There are whole families, including several generations, who seem to have no tendency to intemperance, and no ordinary circumstances of temptation can induce them to alcoholic indulgence.

Macnish, in his "Anatomy of Drunkenness," says: "We drink at first for the serenity which is diffused over the mind, and not from any positive love we bear to the liquor, but in the course of time an animal fondness for drink is acquired, and men come to like the taste of it as a child likes sweetmeats.

In a normal condition we do not believe that there is an instinctive or a natural appetite for alcohol, but a parent who has acquired this appetite may, and often does, transmit it to his posterity. Hereditary tendency to intemperance has for a long time been recognized by medical men. Plutarch wrote: "Drunkards beget drunkards. There is no reason why the law of heritage so generally recognized in the animal should fail of application in the case of man." Burton, in his "Anatomy of Melancholy," written before the temperance agitation of our time, very quaintly remarks, "if a drunken man beget a child, it will never have a good brain." Dr. Darwin wrote half a century ago: "It is remarkable that all the diseases from drinking spirituous liquors are liable to become hereditary even to the third generation, gradually increasing, if the cause be continued, till the family becomes extinct." A writer in the *British Physiological Journal* gives the result of his observation in these strong words: "The most startling problem connected with intemperance is that not only does it affect the health, morals and intelligence of the offspring of its votaries, but they inherit the fatal tendency and feel a craving for the same liquors which acted as poison on their system from the commencement of their being. It is especially so when both parents are drunkards."

Hereditary Transmission.—Examples illustrating this hereditary tendency, like the following, are abundant in almost any community. Mr. —, the father of five sons, was a total abstainer for five years, during which period he had two sons who were never known to drink; at a later period he became a hard drinker and died of delirium tremens. Of the three sons born during the intemperate period, two have died of delirium tremens, and the other is still living an inebriate. Mrs. — raised six children. During the period of gestation, and the nursing of one of the six, she used milk punch, daily. This son became early in life a common drunkard. The other children are all temperate. Mrs. —, an Englishwoman, was a moderate beer drinker, and fed her children rum in their pap to make them quiet. Three of her sons are in State's prison. The two others at large are common drunkards.

The two daughters, one at fifteen and the other at seventeen, went to street life in New York. The father of this family was a temperate, industrious mechanic. Mr. —, a member of a Presbyterian church, in good standing, of an excellent family, whose wife was of a very decided Christian character, made a daily practice of taking cider, or some mild stimulant, and was for many years considered temperate, though he ultimately died of softening of the brain from excessive drinking later in life, raised a family of six sons of extraordinary promise till they reached maturity, when they all became intemperate.

Hereditary Alcoholism not developed till maturity.—Hereditary alcoholism, like most other hereditary diseases, does not develop until the maturity of the individual; though there are children who evince a fondness for the taste of alcohol from the cradle up. Only a few days since a child of intemperate parents, too young to talk, was seen to cry for whiskey, and when taking it clear from the tumbler smacked his lips with evident satisfaction and cried for more when it was withheld. The alcoholic diathesis is as well-marked and as readily recognized by the observing physiologist as the tubercular. The sensual animal organization of the child of drinking parents as clearly foreshadows its liabilities as the rosy tint of the cheeks, the long eyelashes, the slender neck and narrow chest indicate tubercular tendency. The alcoholic diathesis is early shown by indecision of character, weak will-power, nervous irritability, tendency to convulsions or epilepsy from slight causes. The appetite, which is often morbid or capricious or extravagant, is often stronger than the reasoning powers or the judgment. With such children self-indulgence is a ruling passion, which controls and moulds the character. It requires no prophetic vision to foresee that children thus organized will become easy victims to intemperance, if they are brought within its seductive influence. The peculiarities of the alcoholic diathesis are closely allied to those of hereditary insanity. The same mental and physical qualities characterize each, and it often happens that insanity and alcoholism develop in different individuals of the same family, from the same constitutional causes.

Testimony of Medical Men.—Dr. Dodge, of the New York State Inebriate Asylum, says: "I am of opinion that there is a great similarity between inebriety and insanity. The one is twin brother of the other. The two diseases are closely connected, both in their manifestations and results, and, to a certain extent,

in the means to be used for their removal." Dr. John Nugent, for twenty-six years inspector of lunatics in Ireland, testifies to the Select Committee of the House of Commons that his experience among lunatics led him to believe that there is a very close relation between the results of the abuse of alcohol and insanity. He cited the case of a professional man who had become addicted to intemperance, whose four children were either mal-formed or insane. The population of Ireland had decreased two millions in the last twenty-five years, but there is the same amount of insanity now that there was when the population was larger by two millions. He attributed this in a great measure to indulgence in drink. As to whether drunkenness leads up to disease, or whether the disease leads up to drinking, he thought they both acted on each other as cause and effect. If there is a disposition to insanity, drink is sure to develop it. On the other hand, there are other persons who show their insanity by a disposition to drink. He cited the case where one brother became insane and the other a drunkard. Dr. Arthur Mitchell, Commissioner for Lunacy for Scotland, stated that nineteen per cent. of the cases of insanity was caused by intemperance. The children of drunkards are in larger proportion idiotic than other children, and in a larger proportion become themselves drunkards, and are also in a larger proportion liable to the ordinary forms of acquired insanity. Dr. Forbes Winslow, from an experience of thirty years among the insane and intemperate of the upper classes of English society, stated "that a large percentage of frightful mental and brain disturbances can be traced to the drunkenness of parents, confirming the great physiological law that like begets like. In a list of criminals he observed a case in which a father was a drunkard, grandfather a drunkard, grandmother an idiot, and in the whole line of that family they figured as drunkards, criminals and idiots. All the forms of vice were hereditarily transmitted. In Norway, in ten years of free liquor traffic, after the removal of the spirit duty, insanity increased fifty per cent., and congenital idiocy one hundred and fifty per cent. Dr. Crane, an English physician, says the children of inebriates have twenty-nine times as many idiots among them as the children of the temperate. Dr. Thomas Nelson, Superintendent of Queensbury, Edinburgh, says: "There is a hereditary taint which may lead a person to fall into dissipation very easily, and there is a peculiarity of temperament which marks a person for an incurable drunkard."

I have quoted this concise synopsis of the testimony given by a few of the leading medical men before the select committee of the House of Commons, because there are many who seem inclined to discredit both the fact of the alcoholic diathesis as well as its hereditary nature, and because the vast importance of this hereditary transmission is so little known and so inadequately appreciated. We might add to this a large amount of testimony from prominent medical men in our own country, but we only ask your attention to the following declaration, prepared and signed by the leading medical men of New York. "We are of the opinion that the use of alcoholic liquors as a beverage is productive of a large amount of physical disease; that it entails diseased appetites upon offspring; and that it is the cause of a large percentage of the crime and pauperism of our cities and country." Signed, Edward Delafield, M.D., President of Physicians and Surgeons, and of Roosevelt Hospital; Willard Parker, M.D., Ex-President Academy of Medicine; A. Clark, M.D., Professor College of Physicians and Surgeons, and Senior Physician Bellevue Hospital; James Anderson, M.D., Ex-President Academy of Medicine and President Physicians Mutual Aid Association; E. R. Peaslee, M.D., Ex-President Academy of Medicine; C. R. Agnew, M.D., Ex-President Medical Society of the State of New York; Stephen Smith, M.D., Surgeon Bellevue Hospital, Commissioner of Health and President American Health Association; Alfred C. Post, M.D., LL.D., Professor of Surgery in University Medical College and Ex-President of N. Y. Academy of Medicine; Elisha Harris, M.D., Secretary Amer. Public Health Association, late Sanitary Superintendent Metropolitan Board of Health, and Corresponding Secretary Prison Association of N. Y.; Erasmus D. Hudson, M.D., Physician and Surgeon; E. D. Hudson, Jr., M.D., Professor of Theory and Practice of Medicine, Woman's Medical College of N. Y. Infirmary; Ellsworth Elliot, M.D., President of N. Y. County Medical Society; Stephen Rogers, M.D., President of the Medico Legal Society of N. Y.; Andrew F. Smith, M.D., Visiting Physician to St. Luke's Hospital, &c.; J. E. Jarmin, M.D.; Verranus Morse, M.D., Brooklyn; E. T. Richardson, M.D., Brooklyn; William H. Hall, M.D.; Walter R. Gillette, M.D., Physician to Charity Hospital, Lecturer University Medical College; J. R. Leaming, M.D., Physician to St. Luke's Hospital, President University Alumni Association, Emeritus Professor of Medicine, etc.; James O. Pond, M.D., Treasurer N. Y. Academy of Medicine; and others.

The subject of hereditary transmission was very fully and ably presented to this Society at the annual meeting in 1870, by Dr. Bronson of New Haven, and we ask your attention again to the following emphatic sentences. "An individual is in structure and function but the recapitulation of all that has gone before. An abridgement of his ancestry and of himself. The family pattern, whatever it may be, is faithfully copied and its modification successively adopted." This doctrine, that the sins of the father shall be visited upon the children, is as old as the decalogue, and we cannot over-estimate its importance in our treatment of the vices and infirmities of our fellow men.

Hereditary taint not confined to children of Low Drunkards.—This inheritance of moral and physical evil is not confined to the children of the low drunkard. It is, if possible, more sure to be the inheritance of the moderate or temperate drinker, who daily confines himself within certain prescribed limits. The brain of such a man is never absolutely free from the alcoholic influence, while the common drunkard's may be clear of it for intervals of several days, or it may be weeks when this peculiar diathesis might not be transmitted. The degeneracy of the children of our prominent statesmen and politicians, as well as of many others in higher life, sadly confirm this view of the subject. The writer was in college with a young man who bore a great name, but who was then an inebriate at eighteen, and went to an early grave from intemperance. That great name has no living representative, while the name of Adams, as an almost solitary exception, remains honored among the great men of to-day. The elder John Adams was noted for his temperate, frugal habits; John Quincy, "the old man eloquent," was an abstemious cold water drinker to the day he died so gloriously in the House of Representatives, the great theater of his life.

Social Habits.—There are probably more men who commence alcoholic indulgence with the social glass than in all other ways combined. Young men and boys of highly social nature, without any hereditary taint, very easily acquire the habit of using intoxicants by falling in with the social customs of American society, and the alcoholic disease is established long before they become conscious of the evil consequences which are sure to overtake them.

When there is a hereditary taint the social net is wide spread and very attractive, and they that enter it are sure to be firmly caught. Indulgence is in such perfect harmony with their organ-

ization, that intemperance is as easy and natural to them as scarlatina or measles. Their systems are morally certain to take the disease at first exposure, and the younger the exposure the more rapid will be the progress of the disease. The brain in the young is more easily affected by alcohol than in the aged. A young man of twenty acquires a morbid appetite for intoxicants much easier and more rapidly than a man at forty. A person who practices total abstinence until forty years of age is tolerably sure to be temperate for life, but there are plenty of men who are moderate drinkers up to about this period, when alcoholism is fully established, and then rapidly rush on to the inebriate's end.

Medicinal use of Alcohol.—We cannot overlook a prevailing sentiment that the medicinal use of alcoholic stimulants is frequently a cause of inebriety. The country is flooded with patent bitters and nostrums, which contain a very little poor medicine and a large amount of poorer whiskey.

If we may judge by the shelves of druggists and grocers and the advertisement of newspapers, and the handbills which deface the rocks and fences by the roadsides, the quantity used must be very large. There are some persons in every community who constantly patronize these preparations, because their self-respect or their social position will not permit them to frequent the saloon, or the open bar, or keep a private bottle in the presence of their families. So it often happens that the family physician is called to prescribe for symptoms that are very difficult to explain on the hypothesis of a temperate life.

Prescription of Alcoholic Stimulants.—We wish we might feel that there is no other improper medicinal use of alcoholic stimulants, but it occasionally comes to our knowledge that persons who have been under medicinal treatment for a few weeks are known soon after to exhibit a fondness for drink. We will report a single case in point. A boy sixteen years of age, of a good family and no hereditary taint, was very low for several weeks with typhoid fever, and was kept constantly under the influence of wine or whiskey. He recovered of the typhoid fever to have dysomania and die at twenty a broken-down and ruined inebriate. It cannot be denied that there is a very loose and reckless prescription of alcoholic stimulants, a use positively inconsistent with modern science and the best good of the sick; an indefinite method of prescribing, which leaves the patient at his own discretion as to the amount to be taken, and the length of time it is to be used; a

free and easy way of prescribing which gives a professional sanction to moderate drinking. When the physiological conditions actually exist which render alcoholic stimulants the only appropriate remedy, we do not believe that injurious effects are likely to arise from a judicious prescription.

Treatment of Alcoholism.—The most appalling fact connected with the disease of alcoholism is, that there is no positive and permanent cure of it. If alcohol once produces its peculiar molecular changes in the brain, the most delicate and important of all the organs, there is no specific remedy known to the profession. What is done cannot be undone, more than we can recall the past or restore an amputated limb. The appetite once formed, seldom, if ever, dies. By extraordinary watchfulness and care, it may, however, be repressed and held in subjection.

Dr. Collins testified before a British parliamentary commission, that he had come to regard it a well-established fact, that the appetite once formed for intoxicating drinks never becomes extinct, but adheres to a man through life. Dr. Morel, a French physician and author, says "I have never seen a patient cured of this propensity, whose tendency to drink was derived from the hereditary predisposition."

When the appetite for intoxicants is once formed, or when this appetite becomes a disease, an abnormal condition of the brain is permanently established. Thenceforward there must be an irrepressible conflict between reason and appetite, a conflict in which reason must incessantly maintain the defensive and concede nothing. The slightest concession is an ignominious defeat. Total and absolute abstinence from all that can intoxicate is the only condition of safety. Here "the price of liberty is eternal vigilance." We know of no personal achievement nobler and grander than the triumph of the inebriate over his appetite. We always bow with respect to such a man whenever we meet him.

The only successful treatment of this disease consists in the employment of such physical and moral means as shall enable the inebriate to persist in total abstinence, and so long as he can maintain this position he is said to be cured. This in a certain sense is the only cure which is effected in any disease. The insane may be discharged from the asylum sane and remain so for months or years, and become insane again on exposure to the original exciting causes of the disease. As a matter of fact the inebriate is reformed but not cured, and it is of the utmost import-

ance that the reformed person shall be deeply impressed with this view of his case. Whenever the reformed flatter themselves that because they have abstained a few weeks or months, and even for a longer period, they are cured, and may indulge to a slight extent, a return to their cups is an absolute certainty. A merchant in one of our cities reformed, was a total abstainer for twelve years, accumulated a handsome property, held a good standing in the church, and in the community, and then had a slight attack of diarrhœa, for which a physician whom he met at a drug-store administered a prescription containing a small quantity of brandy. This the merchant drank without any knowledge or thought as to its contents. Like a drop of blood to the caged tiger, the old appetite was aroused. He drank to intoxication, and continued to drink with a mania which was irrepressible, and died in three months of delirium tremens. Not long since a man, who had been reformed, under Good Samaritan influence, for more than two years, and been very active and successful in reforming others, went to New Haven on business in apparent good health, was by some means, unknown to his friends, induced to drink. A terrible debauch and delirium ensued, and he died in three days from the time he left home. These are marked but by no means rare cases. The Washingtonian, Good Samaritan, and other kindred movements, have everywhere been attended with similar cases of relapse from total abstinence to debauch.

Benevolent Organizations.—These organizations have been more successful in permanently reforming men than any other public measures which have been tried, except inebriate asylums. The secret of whatever success has attended these efforts has been owing largely to the reciprocal aid the members extend to each other. Jones and Smith have been companions in drink, and together take the pledge with an earnest purpose to keep it. Jones flatters himself that he is all right and in no danger of falling, but he feels that it is a doubtful matter with Smith, so he manages to meet him often, perhaps daily, and cheers him with words of encouragement and hope. He knows it must be a terrible struggle for Smith to keep his pledge. At the same time Smith is deeply anxious about Jones, and is bound to keep watch of him, and does follow him day after day; thus each of the two men are kept from falling by a persistent effort to save the other. Sympathy for each other is a marked characteristic of all inebriates who are trying to reform, and is an important element of suc-

cess in their treatment. This is one of the reasons why their treatment can be more successfully conducted in an inebriate asylum, where the patients are brought into association with each other.

Inebriate Asylums.—The treatment of inebriates as a separate class of diseased persons is of recent origin. The oldest public institutions in this country are the Washingtonian Home of Boston, and the New York State Inebriate Asylum, which were opened in 1857. The Inebriate Home for King's County, New York, and the Washingtonian Home of Chicago were established in 1867. There are now nine establishments, public and private, in this country for the treatment of inebriates. All of these institutions are comparatively in their infancy, and have experienced the usual difficulties which attend new institutions.

Insane Asylums.—Through the long ages the insane were regarded as possessed of evil spirits, or willfully vicious and wicked, and, in all cases, as dangerous and untrustworthy members of society. When Pinel took charge of the Bicêtre Asylum in 1792, it combined all in one the qualities of a jail, a house of correction, a penitentiary and a hospital. Assassins, sick patients, paupers, and idiots, lived in fearful promiscuousness. The insane were kept separate in pens six feet square, with only a small opening through the door, to admit light and air. There was a bed of loose straw renewed only once a month. The patient had a chain around the waist, manacles and fetters on the wrists and ankles. He received neither care nor medical treatment. Pinel ordered the irons to be struck off all the patients, and then began the era of common sense and humanity. Looking back, as we now do, less than a century, it seems incredible that such barbarous and inhuman practices could have prevailed so long.

At our stand-point to-day we know that thirty to forty per cent. of chronic cases, and seventy to eighty per cent. of acute cases of insanity are incurable. Our present advanced knowledge of the diagnosis, pathology and the general treatment of insanity, has come to us mainly through the asylum, and if it had accomplished no other good, it has proved of inestimable value as a school of scientific observation of mental diseases. The result of this noble and humane experiment has been most satisfactory, and the question of the practical utility of an asylum for the treatment of the insane is decided for all time. Closely allied to this great move-

ment, and in part growing out of it, is a still greater problem—what can be done for the inebriate?

Present Treatment of the Inebriate a Failure.—The present public treatment of the drunkard in spirit and principle is practically what the treatment of the insane was in the last century. The laws of this commonwealth, as well as many others, make the drunkard a vagabond and a criminal. Our large cities support daily police courts, three-fourths of whose business is to administer fines and punishment to the unfortunate victims of intemperance. The idea of reformation does not enter into the system. It is entirely penal, and not very humane at that. Gov. Jewell made especial effort to obtain the criminal statistics of this State for the year 1871, and in his annual message, 1872, reported to the Legislature the appalling facts, that there were between ten and eleven thousand criminal prosecutions, of which twenty-two hundred and seven were in New Haven, one thousand five hundred and sixty-three in Hartford, eleven hundred and twenty-four in Bridgeport, three hundred and thirteen in Norwich, and one hundred and twenty-eight in New London, etc. Eight towns in which no intoxicating liquors were sold reported no criminal prosecutions. It is well known that crime has increased in this commonwealth at a fearful rate since the war. Last year there were three thousand three hundred and eighty prosecutions before the police court in New Haven, and over two thousand in Hartford. By an abstract of returns concerning jails for the year ending March 31, 1873, it appears that there were two thousand nine hundred and fifty-seven committed to the county jails. Of these, only two hundred and twenty-nine reported themselves as temperate; fifteen hundred and ninety-eight are registered as moderate drinkers; eleven hundred and twenty-nine as habitually intemperate. Only a small portion of the cases of prosecution are sent to the county jail. Some are fined and others sent to the town house. In New Britain there were six hundred and fifteen arrested, five hundred and forty-three prosecuted, and only sixty-four sent to jail. Taking this estimate as a basis, it will make the number for the State twenty-five thousand one hundred and thirty-four, an increase of fifty per cent. on Gov. Jewell's returns. By the returns of the clerk of the police court, the increase in New Haven is also over fifty per cent., amounting to one arrest for every twenty-four inhabitants. In Hartford, however, the increase was only thirty per cent. The number of arrests or prosecutions

does not represent so many different individuals. The returns of the county jails indicate that more than one-half had been committed before. Jailor Fenn informs me that the passion for drink is so strong with some of these persons that they commence drinking as soon as they are discharged, and are returned again in a few days or weeks, and are thus reported several times during the year.

It has become a very grave question whether our present system of jurisprudence is not radically wrong. These returns indicate that twelve-thirteenths of these cases of prosecution were inebriates, who were in all respects treated as other criminals, no effort having been made to reform them. Your committee desire to say most emphatically that we regard this as a great wrong and a grave mistake in political economy,—a wrong to the community as well as to the unfortunate victims of this barbarous system of the past. It is both the right and duty of society to protect itself against crime; but it is neither morally right nor the part of wisdom to ruin the criminal when it can reform him. We believe coming generations will regard our treatment of the inebriate with the same amazement and abhorrence that we from our position contemplate the abuse of the insane in the dark days of the by-gone centuries. We have munificently provided for the blind, the deaf, and the insane. This is as it should be. Every citizen of Connecticut has reason to be proud of our humane institutions; but we have as yet treated with indifference a much larger class of persons, whose influence on the well-being of our citizens is vastly more important, because more numerous, than all of the above classes, which would be largely reduced if our inebriates were properly cared for.

Success of Inebriate Asylums.—Considering the nature of intemperance as a disease, and the fact that all of the inebriate asylums in this country are comparatively new institutions, and consequently of limited experience, the success which has attended their efforts is very encouraging and hopeful. Dr. Parish, President of the Pennsylvanian Sanitarian, stated to the select committee of the House of Commons, that from thirty-three to forty per cent. of the admissions, as based upon subsequent inquiries, were apparently cured as completely and permanently as any other form of disease, mental or physical. That the proportion of cures is not larger is attributed to a lack of power to induce or compel the patients to submit to treatment for a longer period. Dr.

Dodge, of the New York State Inebriate Asylum, testified before the same committee: "I am informed by reliable and trustworthy authority, that of the whole number of patients treated in the New York State charitable institutions, the proportion of completely cured is only from thirty to forty per cent. That includes the acute and chronic cases, and I am warranted in claiming for inebriate asylums an equally favorable result." The annual report of the New York asylum for the year 1872 gives the number of patients, 256; discharged with great hopes of a permanent cure, 198; discharged unimproved, 58. The Pennsylvanian Sanitarian admitted 278; cured, 70; insane, 3; improved, 130; incurable, 35; still under treatment, 15. Dr. Day of Boston, who has devoted especial attention to the treatment of inebriates since 1857, and to whom we are personally indebted for many valuable suggestions, reports full fifty per cent. cured. In estimating the results of treatment in inebriate asylums, we must bear in mind that many of the patients are retained for only a short period, not long enough to fully establish a reformation. The average time is only from ninety to one hundred days. Nearly all the patients go to the asylum in the worst possible condition, mere wrecks of humanity; most of them are confirmed drunkards who are completely broken down and bankrupt in morals and health, if not in fortune, and in everything which constitutes true manhood.

Treatment of Dyspsomania.—The least hopeful cases are the subjects of dyspsomania, a form of disease which manifests itself in periodic attacks. The victim of this disease is sometimes a total abstainer for long intervals, when he breaks loose from all restraint and abandons himself to drink and persists in it with the frenzy of a maniac. All the powers of his being are apparently given up to drink. Reason and conscience are for the time being dormant. Appetite rules with an undisputed sway. But this cannot last long without producing death or a reaction. The stomach becomes exhausted and rejects the accustomed stimulus. What was before sought after with the greatest zest and earnestness is now loathed and abhorred. While the passion for drink is dominant, the dyspsomaniac will encounter heat, cold or storm, sell his own clothes, the keep-sakes of his wife or the bread of his children, to procure the stimulus he craves. When the attack has passed he will decline a gift of the same beverage. He has decided now to drink no more. He is in earnest for total abstinence, and is often a most vivid and successful advocate of the temperance reform. He is

now greatly surprised that other men are not as earnest for temperance as himself. But when his periodic mania comes around again he plunges at a single leap from the highest pinnacle of total abstinence to the lowest gutter of inebriety. It is only when this class of men are brought to appreciate their liabilities to fall, and are led to rally their highest moral energies against it, that they withstand one of these periods. It is therefore a very difficult matter to reform such men, and still more difficult if the disease is hereditary. As we have already intimated, the mutual support which this class of patients render to each other is a very important means of cure and cannot be overlooked in their treatment. With the approach of these attacks there is a feeling that they are without friends and that fate is against them; that a terrible destiny awaits them which they cannot escape. The presence of another person who has successfully withstood the same trials inspires confidence and hope. It is obvious that such patients cannot be treated successfully in private practice, nor can they be reformed by a short period of treatment in an inebriate asylum. They are difficult to manage under any circumstances; but we are not to despair of their reform provided they are subjected to the right kind of treatment, a sufficient length of time. The average period of ninety or one hundred days is too short for this class of patients. They should be detained in the asylum at the discretion of properly constituted authorities, until they have withstood several of these periodic attacks without falling. In the New York State Inebriate Asylum, as given by the report of last year, the periodic drinkers are in the proportion of ninety-six to one hundred and sixty constant drinkers.

Constant Drinkers.—The constant or daily drinkers require a shorter period of treatment, and are more easily and successfully managed. The greatest trial with this class of patients is during the first days or weeks of abstinence. Constant drinkers usually require constitutional treatment to restore their general health and detention long enough to fully overcome the unrest and nervousness which follow abstinence from their accustomed stimulants. This will depend upon the general health and habits of each patient, the length of time he has been an inebriate and his constitutional antecedents. The percentage of cures is in all cases largely in favor of those who have been retained a period of six months or more. There is no medical secret in the treatment of inebriates, no specifics, and no routine practice which applies to

all cases. Perhaps no disease which afflicts the race is more subtle and incomprehensible than alcoholism. To insure success in its treatment requires the highest order of tact and practical skill. It is usually not one malady alone which is to be treated, nearly every vital organ is more or less impaired, and it is absolutely essential to success that the constitutional treatment should be wise and efficient. The moral and mental treatment should be judiciously adapted to the peculiar mental and physiological characteristics and idiosyncrasies of each patient.

Separate Asylums for Inebriates.—The universal testimony of all medical men who have devoted especial attention to the treatment of inebriates is in favor of separate asylums for this class of patients. Those who have had large experience in the management of the insane condemn in decided terms the admission of inebriates to the insane asylum.

A bill was before the Legislature of Pennsylvania last winter, making it a misdemeanor for any physician to give a certificate for an inebriate commitment to a lunatic asylum. The feeling against it is very decided and positive both in this country and in England. Not to multiply testimony on this point, we will only give an authority which will not be questioned in Connecticut. Dr. Butler, formerly of the Retreat, says: "Inebriates cannot be successfully treated in an insane asylum, because with only here and there an exception, the inebriate will not consent to the restrictions and regulations of an asylum, especially in regard to his liberty, and his detention for a length of time sufficient for his permanent recovery. Very generally the inebriate lacks not only self-control, but a due and reasonable appreciation of the necessities of his disease. He has, moreover, an unreasonable confidence in his own power of self-control. He very reluctantly assents to the rules, regulations and restrictions of the asylum, so demanded by the necessities of the lunatic, and regards them as inapplicable to himself because he is not insane. Frequently inebriates will come to the asylum of their own accord, promising to remain as long as I wish to have them; but in a few weeks becoming, apparently, in good health, they either demanded or took their discharge, there being no legal authority for their detention. It follows, therefore, that I have no faith in asylums where they are not detained by process of law, and where no discharge within a year can be obtained, without the approbation of the superintendent and the concurrence of the board of directors. But I have faith

in their recovery when they are detained a sufficient length of time, and have seen some very gratifying examples of successful treatment."

The investigation we have been able to make, in regard to the inebriates of the State, and their claims to sympathy, has deeply impressed us with the conviction that their treatment is radically wrong in principle and penurious in its results, tending only to increase the evils we deprecate. But we wish it distinctly understood that we do not advise any larger liberty for wrong doing. We feel that the spirit of the age, and our present knowledge of the causes of vice, ought to enable us to adopt such measures as shall greatly reduce the amount. As we have already intimated, our present system is strictly punitive and not reformatory. The principle of punishing drunkenness, and the minor offenses which are induced by it, the same as other crimes, we do not approve. To imprison the drunkard with common criminals, to be contaminated by their influence, is practically consigning him to a school of vice and crime, and is thereby multiplying the number of criminals in the commonwealth. In no case should an inebriate, or a common drunkard arrested for intoxication, or any minor offense growing out of it, be placed in a cell or apartment in which a criminal charged with an aggravated or malicious crime is confined. Special provision tending to their reform should be made for inebriates, and when deprived of their liberty in any manner they should be retained for a period long enough to thoroughly rid them of the immediate effects of alcohol, and not only long enough to teach them that they can live without stimulants, but are positively better off without them. If the first period of detention fails of reformation, the second and subsequent commitments should be for longer periods. The inebriate should be made to understand that the object of his detention is not punishment, but reformation. To carry into effect these views some special legislation will be required. A State Inebriate Asylum is a necessity. But on the basis of Gov. Jewell's statistics, the recent reports of the county jails, and the police courts to which we have already referred, it will be wholly impracticable to build asylums for all the persons who are presented for drunkenness and the misdemeanors for this cause.

Legislative Action.—A part of the duty required of this committee is to present the matter under consideration in such form, that the society may take suitable action thereon and present the subject

to the Legislature at its present session. In obedience to this requirement, we recommend the appointment of a special committee to bring the subject suitably before the Legislature, with a view to obtain, if possible, the enactment of a special law to be entitled: *An Act for the Reformation of Persons of Intemperate Habits.*

Under this act there should be at least three classes of subjects.

First. Those who are guilty of misdemeanor or breach of the peace, while under the influence of intoxicating drink.

Second. Those who neglect the support of their families, squander their property, are guilty of idleness or vagrancy, in consequence of intemperance.

Third. Those who may voluntarily seek treatment in an asylum or those whose friends may apply for their admission.

For the first offence of the first and second classes, a nominal fine of from one to five dollars; for the second offence, within twelve months, a fine of from five to twenty-five dollars; for a third offence, within twelve months of the second, detention in a jail or house of correction not less than four nor more than twelve months; for a fourth offence, detention not less than eight nor more than twelve months; for any subsequent offence within twelve months of last discharge, detention for one year.

For the third class of persons no admission to the Inebriate Asylum for a period less than four months nor a discharge within a year without the approval of the Superintendent of the Asylum, and of three of the County Commissioners, except the full board are present, when the concurrence of six shall be required.

On recommendation of the keeper in charge and of three of the County Commissioners, any person of the first and second class may be transferred to the asylum for such period as they may decide upon, not less then four nor more than twelve months. Under this act an asylum should be established with accommodations for fifty patients on a farm owned by the State, and suitably located for the purposes of such an institution.

Under this act, any city or town may establish a house of correction, provided the accommodations, the employment and the regulations, are such as to be approved by the Board of Commissioners.

Under this act, the Legislature shall appoint a Board of Commissioners of one from each county, who shall hold office for four years, two new members being appointed each year and one-half of the number to be practicing physicians. This board shall be designated as Commissioners of Reformatory Institutions.

It shall be the duty of these Commissioners to meet as a whole board twice annually. First immediately after any new appointment, and again at least two weeks before the meeting of the Legislature. One half of the Board shall visit, in their half of the State, all the jails, houses of correction or public institutions of correction quarterly, including the Inebriate Asylum. They shall be authorized to establish rules and regulations for such institutions when not fixed by the Legislature. It shall be their duty to make an annual report of the condition of these institutions, with complete statistics of the number and classes of persons, ages, previous habits, etc., the expenses of the institutions, the number of persons admitted and discharged, and any other statistics the Governor may require. It should also be their duty to act on the applications for admission or discharge which may be submitted to them under this act. At the first meeting after the appointment of the board they shall establish the prices of labor and board in each of these institutions, which shall be as near actual value as practicable, except in the Inebriate Asylum where the prices may be varied according to the circumstances of the patients. Whenever the amount of wages shall exceed the price of board, the balance shall be credited to the individual and paid to his family monthly, or in case of no family, paid in full on his discharge. The expenses of the Inebriate Asylum should be paid in part by the patients when practicable. One half of the fines received for violations of the liquor law, and one half of the fees paid for licenses granted under the license law, should be devoted to the Inebriate Asylum.

All of which is respectfully submitted in behalf of the Committee.

B. N. COMINGS.

